



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NEVADA

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

Title V Federal-State Partnership - Nevada

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Candice McDaniel, M.S Bureau Chief, Child, Family, and Community Wellness cmcdaniel@health.nv.gov (775) 684-4200	Vickie Ives, M.A Section Manager, Maternal, Child, and Adolescent Health Section vives@health.nv.gov (775) 684-2201	Mary E. Meeker Executive Director, Family TIES of Nevada mary@familytiesnv.org (775) 823-9500

Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	\$1,846,079
State MCH Funds	\$1,562,785
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

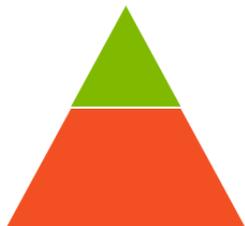
FY 2018 Expenditures



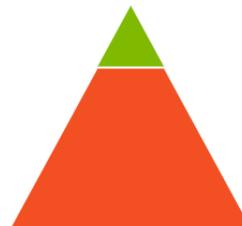
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$842,495	\$429,175
Public Health Services and Systems	\$1,003,584	\$1,133,610

FY 2018 Expenditures
Federal



FY 2018 Expenditures
Non-Federal



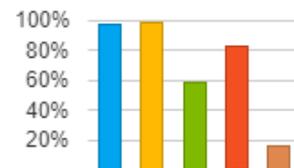
Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
Pregnant Women	97.0%	\$526,725
Infants < 1 Year	98.0%	\$592,252
Children 1 through 21 Years	58.0%	\$931,434
CSHCN (Subset of all Children)	83.0%	\$1,031,195
Others *	16.0%	\$143,445

FY 2018 Expenditures
Total: \$3,225,051



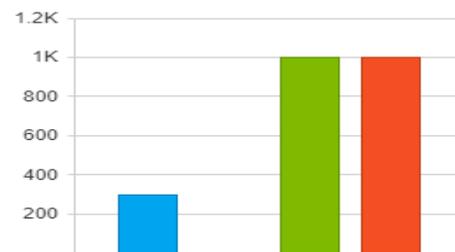
FY 2018 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	298
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	1,002
Other Toll-Free Calls:	1,002



Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 14	Smoking	Women/Maternal Health
NPM 15	Adequate Insurance	Child Health, Adolescent Health, Children with Special Health Care Needs

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.2	Percent pregnant women receiving prenatal care beginning in the first trimester
NPM 4	Breastfeeding	ESM 4.1	Percent of hospitals (birthing facilities) receiving training on Baby Steps to Breastfeeding Success or designated as Baby Friendly by Baby Friendly USA
NPM 6	Developmental Screening	ESM 6.3	Percent of Medicaid enrolled children, ages 9 through 35 months, receiving a developmental screening using a standardized tool.
NPM 8.1	Physical Activity Ages 6 through 11	ESM 8.1.2	Number of sites conducting training and technical assistance to early care and education centers to reduce childhood obesity.
NPM 8.2	Physical Activity Ages 12 through 17	ESM 8.2.1	Number of facilities providing Trauma-Informed Yoga (TIY) for at-risk adolescents ages 12-17.
NPM 8.2	Physical Activity Ages 12 through 17	ESM 8.2.2	Number of unique visitors to MCH social media including physical activity, healthy lifestyle messages, and activity challenges for adolescents ages 12 through 17.
NPM 10	Adolescent Well-Visit	ESM 10.2	Number of adolescents, ages 12 through 17, receiving Medicaid and/or Nevada Check-Up covered preventive well visits.
NPM 11	Medical Home	ESM 11.2	Number of Nevada Medical Home Portal website views during reporting period.
NPM 14.1	Smoking Pregnancy	ESM 14.1.1	Number of pregnant women and new mothers who called the quitline for assistance in the past 12 months
NPM 15	Adequate Insurance	ESM 15.2	Percent of children ages 0 -17 on Nevada Medicaid and/or Nevada Check-Up.

State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 1	Percent of mothers reporting late or no prenatal care	Women/Maternal Health
SPM 2	Repeat teen birth rate	Adolescent Health
SPM 3	Percent of women who use substances during pregnancy	Women/Maternal Health
SPM 4	Teenage pregnancy rate	Adolescent Health

Executive Summary

Program Overview

Program Overview

Nevada's Title V Maternal and Child Health (MCH) Program is dedicated to working with diverse public and private partners across the state to improve the health of families. Funded partners implement activities serving women of child bearing age, infants, adolescents, and children, including children and youth with special health care needs (CYSHCN). Nevada utilizes Title V MCH funding to collaborate with stakeholders and strengthen community partners in activities ensuring all target populations have access to health education and preventive services.

Nevada's Title V MCH Program is housed in the Maternal, Child and Adolescent Health (MCAH) Section; Bureau of Child, Family and Community Wellness; Division of Public and Behavioral Health; Department of Health and Human Services. The Nevada Title V MCH Program website can be accessed at: <http://dphh.nv.gov/Programs/TitleV/TitleV-Home/>. Nevada's Title V MCH Program is committed to funding evidence-based or informed programs for the MCH population in the State.

ACCOMPLISHMENTS AND PRIORITIES BY POPULATION DOMAIN

Domain: Women/Maternal Health

- Priority: Improve preconception and interconception health among women of childbearing age (Percent of women with a past year preventive visit)

In Nevada, women who self-pay receiving late, or no prenatal care was 10.4% for 2018. In the US, for 2016, among those who self-pay and received late or no prenatal care was 19.8% (most recent data). The Title V MCH Program partners with statewide and regional MCH coalitions, community-based programs, and public and private stakeholders to increase rates of coverage and prenatal care.

The Title V MCH Program collaborates with partners to identify and reduce modifiable risk factors for improving birth outcomes, including racial and ethnic health disparities. Participation continued in the Association of Maternal Child Health Programs (AMCHP) led Infant Mortality Collaborative Improvement and Innovation Network (CoIIN) 2.0. Partners include Local Health Authorities (LHAs), March of Dimes, Division of Health Care Financing and Policy (DHCFP), Office of Public Health Investigations and Epidemiology (OPHIE), Nevada Healthy Start, Washoe County Fetal Infant Mortality Review (FIMR), and the Statewide Home Visiting Program. The Nevada team convenes monthly to address preterm births and Social Determinants of Health related to Pre/Interconception Care.

Partner organizations provide critical screenings to women of childbearing age; especially women living in rural and frontier areas and at-risk populations. These screenings include: postpartum depression; Screening, Brief Intervention, and Referral to Treatment (SBIRT); One Key Question campaign; and others. Collaboration with Nevada Maternal, Infant, and Early Childhood Home Visiting (MIECHV) promotes relevant screenings, including: use of the Ages and Stages Questionnaire (ASQs), workforce development, and inclusive, culturally competent resources.

Domain: Perinatal/Infant Health

- Priority: Breastfeeding promotion (Percent of infants who are ever breastfed and Percent of infants breastfed exclusively through 6 months)

According to the National Immunization Survey, Nevada's rate for ever breastfeeding is increasing since 2010. In 2015, Nevada is in line with the national average (83.5% and 83.2%, respectively). Nevada's rate for exclusive breastfeeding at six months is 20.8% compared to the US average of 24.9%.

The Title V MCH Program partners with: Women, Infants, and Children (WIC), MCH coalitions, Breastfeeding coalitions, community-based programs, LHAs, the public, and private stakeholders to increase breastfeeding rates by improved access to breastfeeding supports for new mothers. An accomplishment in this area included three additional birthing hospitals received BS to BS training (Humboldt General, Northeastern Nevada, and Henderson Hospital) and one previous participant received a refresher training (University Medical Center). Thirteen out of 18 birthing hospitals completed the BS to BS training. Five Nevada birthing hospitals-St. Rose San Martin, St. Rose Siena, Carson Tahoe, and Henderson Hospital-are now "Baby Friendly" designated.

Two WIC breastfeeding campaigns were designed to increase awareness, promote WIC breastfeeding services and normalize breastfeeding in public locations. Eighty-nine Nevada businesses have signed the pledge to provide welcoming environments to breastfeeding mothers. The 2018 Breastfeeding Peer Counseling (BFPC) campaign used social and digital media to target potential WIC participants. WIC peer-to-peer support and breastfeeding services were promoted in both Washoe and Clark counties where BFPC services are offered. Nevada Healthy Start promotes breastfeeding with the goal of increasing breastfeeding initiation among their participants. Healthy Start conducted 34 outreach activities. Washoe County FIMR reviewed 49 cases in FY 2018. Title V MCH Safe Sleep efforts include funding a statewide Cribs for Kids Program, statewide English and Spanish radio and television media campaigns, and distribution of children's books with safe sleep messages statewide. Cribs for Kids distributed 751 Safe Sleep Survival Kits, doubling last year's total.

Perinatal quality activities and CoIIN efforts support this domain. The Title V MCH Program continues Safe Sleep and Injury Prevention education with Indian Health Service clinics. Trainings provided are Infant Safe Sleep, car seat installation, ASQs, and

Shaken Baby Syndrome and Abusive Head Trauma. PRAMS promotion and Healthy Start efforts also relate to improvements in this domain.

Domain: Child Health

- Priority: Increase developmental screenings (Percent of Children, ages 9-35 months, receiving a developmental screening using a parent-completed tool)
- Priority: Promote healthy weight (Percent of children 6-11 years of age who are physically active at least 60 minutes per day)

According to the 16-17 National Survey of Children's Health (NSCH), Nevada (24.1%) is below the national average (31.1%) for children ages 9 through 35 months who received a developmental screening using a parent-completed screening tool in the past year. The Title V MCH Program collaborates with public and private partners to improve the percent of children receiving developmental screening and increase the number of applicable entities trained on developmental screenings. The Title V MCH Program implemented ASQ-Social Emotional 2nd Edition (ASQ-SE2) parent trainings and screenings statewide, including distribution of CDC Milestone Moments bilingual booklets. MCH funded MIECHV staff training of trainer's trainings and numerous MCH partners, directly benefiting over 41 families of CYSHCN.

The Title V MCH CYSHCN Program promotes the Nevada Children's Medical Home Portal (NCMHP), which improves access to healthcare by assisting and supporting professionals and families using the Medical Home model to care and advocate for CYSHCN. Compared to FFY 2017, there was a 73% increase in NCMHP website views and the number of unique users increased from 557 to 2,760.

Title V MCH and WIC co-funded breastfeeding supports for a Chronic Disease Prevention and Health Promotion (CDPHP) Early Childhood Education (ECE) activity. Seventy-five ECE provide received training and technical assistance to address breastfeeding and physical activity promotion. The MCH-funded Nevada Kindergarten Health Survey, conducted annually through the Nevada Institute of Children's Research and Policy (NICRP), shows an increase in the number of overweight children and a decrease in obese children entering kindergarten. The 2017 survey showed 10.1% of children were overweight and 21.2% were obese. In the 2018 survey, preliminary results show 10.7% of children were overweight and 20.9 were obese. MCH funded an obesity prevention/physical activity promotion social media campaign.

Child health is also supported via Bullying and Suicide Prevention efforts in partnership with the Nevada Department of Education and with the Office of Suicide Prevention.

Domain: Adolescent Health

- Priority: Improve preconception and interconception health among women of childbearing age (Percent of adolescents 12-17 years of age with a preventive medical visit in the past year)
- Priority: Promote healthy weight (Percent of Adolescents 12-17 years of age who are physically active at least 60 minutes per day)
- Priority: Reduce teen pregnancy

According to the 2017 Youth Risk Behavior Surveillance System (YRBSS) 43.9% of Students were physically active at least 60 minutes per day on 5 or more days during the 7 days before the survey. This is slightly lower than the national average of 46.5%. To improve physical activity rates, the Title V MCH Program will collaborate with public and private stakeholders to improve the percent of children and adolescents who are physically active. These efforts include continued support of trauma informed yoga via a partner entity serving children and high-risk youth, conducting a social media campaign aimed at adolescents promoting physical activity, and initiating a project with the Family Voices state representative agency to increase movement among CYSHCNs.

Nevada does not have either the highest or lowest rate of teen pregnancy among all states. However, since one in five births to teen mothers (15-19 y.o) is a repeat teen birth, it is important to work to decrease both measures, with specific emphasis on health disparities. To improve teen birth measures, the Title V MCH Program partners with CollN, MCH Coalitions, LHAs, community-based programs, and public and private stakeholders to increase access to family planning information, and other educational materials, including funding LHAs and Community Health Nurses (CHNs) to provide education and promote Medicaid coverage of Long Acting Reversible Contraceptives (LARCs) immediately post-partum. The National Governors Association (NGA) Learning Network to Improve Insurance Enrollment and Access to Health Care for Adolescents ages 15-18, continues, initially focusing on Clark County and expanding statewide.

Domain: Children with Special Health Care Needs

- Priority: Improve care coordination (Percent of children with and without special health care needs having a medical home)

Although children with and without special health care needs should have access to a medical home, according to the 16-17 NSCH, the percent of children with special health care needs in Nevada having a medical home is 29.5% which is below the national average of 43.2%. The percent of children without special health care needs having a medical home is 36.5% in Nevada, which is below the national average of 49.8%. The CYSHCN Program provides resources and support to community agencies serving children from birth to age 21. The CYSHCN Program funds a variety of community programs to better serve children and families through a network of federal, state, and local community and family-based partners. The CYSHCN Program participates in both community and family-led coalitions and committees, including the Nevada Governor's Council on Developmental Disabilities (NGCDD), Newborn Screening Program Advisory Board and the Nevada Early Intervention Interagency Coordinating Council (ICC).

The CYSHCN Program continues promotion of NCMHP, which improves access to healthcare by assisting and supporting professionals and families using the Medical Home model to care and advocate for CYSHCN. This resource provides reliable and useful information about medical conditions, care, and knowledge of valuable local and national services and resources, improving

care coordination among children with and without special health care needs. The CYSHCN Program partners with Family Voices entity, Family TIES, to increase Portal promotion, access to health care resources, referrals to adequate insurance coverage, care coordination, and the CYSHCN toll-free hotline.

The CYSHCN Program manages the Critical Congenital Heart Disease (CCHD) Registry, which ensures Nevada-born infants are screened for CCHD and those diagnosed with CCHD receive timely and appropriate medical care. The Title V MCH CYSHCN and Adolescent Health and Wellness Programs are collaborating with partner Nevada Center for Excellence in Disabilities (NCED) to expand resources on health care transition and health literacy in addition to working with Family TIES to increase physical activity in the CYSHCN population.

Domain: Cross-Cutting/Life Course

- Priority: Reduce substance use during pregnancy (Percent of women who smoke during pregnancy)

Nevada collaborates across systems to collect information regarding the percent of women who smoke or use/misuse substances during pregnancy, as well as information regarding the percent of children exposed to secondhand smoke. Nevada Pregnancy Risk Assessment Monitoring System (PRAMS) collected data on substance use in pregnant women in Nevada. For the 2017 PRAMS weighted data, Nevada PRAMS had a response rate of 40.6% which is less than the CDC threshold of 55%. Data should be interpreted with caution. For 2017 births, questions were asked about substance use during their most recent pregnancy. When asked about prescription pain medication use during pregnancy, 3% said yes, 95% said no and 1.9% did not respond. When asked about methadone use during pregnancy, 1.2% said yes, 96.8% said no and 1.9% did not respond. Heroin, amphetamines, methamphetamines, cocaine, tranquilizers, hallucinogens, LSD, sniffing gas and glue or huffing use were all under 1% each. To gain more data about opioid use during pregnancy, Nevada PRAMS applied for supplemental opioid funding in 2017 and was awarded funds in September 2018. Thirteen additional questions pertaining to opioid use during pregnancy were included in 2019.

In response to Nevada's legalization of medical and recreational marijuana, informational resources on pregnancy and marijuana were disseminated among MCH populations. Title V MCH Program partnered with the Department of Taxation to distribute Child Injury Prevention and Pregnancy and Marijuana prevention materials to all dispensaries in Nevada. According to Nevada PRAMS, when asked about marijuana use during pregnancy, 6% of women said yes, 92.1% said no and 1.9% did not respond. Efforts focused on reducing substance use in pregnancy and inter-conception for women of child bearing age continue to include the promotion of the SoberMomsHealthyBabies.org website and associated media campaign, marijuana prevention education materials, Substance Use during Pregnancy Provider Toolkit, and focus perinatal quality activities on reduction of substance exposed infants and neonatal abstinence syndrome (NAS). Title V MCH participation in the Comprehensive Addiction and Recovery Act (CARA) Infant Plan of Safe Care substance exposed infant workgroups, CoIN, Home Visiting, and perinatal quality activity efforts all support progress in this domain.

How Federal Title V Funds Support State MCH Efforts

How Title V Funds Support State MCH Efforts

Title V MCH is a unit within the MCAH Section of the DPBH. MCH Unit Programs include: Adolescent Health and Wellness, CYSHCN, Maternal and Infant Health, Rape Prevention and Education, and MCH Epidemiology. MCH also supports and complements Nevada Home Visiting, PRAMS and the Maternal and Child Health Advisory Board. The State Systems Development Initiative Coordinator is co-funded with MCH funds and participates in all MCH Unit meetings and activities and monitors specific subawards.

Title V MCH-funded partners provide interventions and support to reach diverse populations, and include, but are not limited to:

- Partners Allied for Community Excellence (PACE) Coalition
- Healthy Start
- Nevada MCH Coalitions
- Family Voices affiliate, Family TIES
- March of Dimes
- Nevada Early Childhood Advisory Council collaboration and alignment cross systems work
- Immunize Nevada Health Conference
- Dignity Hospital's use of Promatores to address Perinatal Mood and Anxiety Disorders in southern Nevada.
- Children's Cabinet Technical Assistance Center on Social Emotional Intervention
- Family TIES
- Nevada 2-1-1
- Local health authorities

Programs funded by Title V MCH recognize the importance of respecting cultural pluralism. Whether at the state, county, or the community level, MCH coalitions are expected to provide bilingual resources to meet Culturally and Linguistically Appropriate Services (CLAS) standards and increase cultural competence.

MCH Success Story

MCH Success Story

Trauma-Informed Yoga

Urban Lotus Project, an MCH - funded pilot to support physical activity among high risk adolescent CYSHCN, provides tools to cope with life challenges. Trauma-Informed Yoga and mindful awareness is offered at diverse social service agencies helping youth afflicted by Adverse Childhood Experiences. The program makes physical activity available, at no-cost, to all socioeconomic statuses in a safe environment without need for specialized equipment or dedicated space.

The agency recently started gathering responses from adolescents using a short qualitative survey about the program. Participants are asked (1) how the classes make them think differently about themselves, (2) what they learned they are capable of, and (3) what have (or will) they try differently in their life since taking yoga classes. Below are testimonials from participant surveys:

"Yoga has opened more possibilities for me and I know how to stretch better." - age, 13

"I can do things I never thought I [can] do." - age, 17

"[Yoga has taught me] that I'm important and so is my health." - age, 17

"I've been a brighter person since I started." - age, 14

"[Yoga] gave me an opportunity to slow down and listen to what my body needs and what/here my mental state is at." - age, 18

"One class I was really struggling because I was having bad anxiety, but [the teacher's] encouragement really kept me going and taught me that I can do hard things." - age, 16



Maternal and Child Health Bureau (MCHB) Discretionary Investments - Nevada

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.